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**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 1717

|                             |                                       |              |                        |                                   |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>09/993,309 | FILING DATE<br>11/16/2001<br><br>RULE | CLASS<br>225 | GROUP ART UNIT<br>3724 | ATTORNEY<br>DOCKET NO.<br>J-3047A |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/711,017 11/13/2000 PAT 6,564,942

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**\*\* 12/06/2001**

|  |   |                           |                        |                       |                            |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions<br>met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>WI | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>25 | INDEPENDENT<br>CLAIMS<br>3 |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|

Verified and  
Acknowledged

Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

ADDRESS

28165  
S.C. JOHNSON & SON, INC.  
1525 HOWE STREET  
RACINE , WI  
53403-2236

TITLE

Wound film dispenser with exterior retainer and method of manufacturing same

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>960 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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